

# **MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET**

Substitute for Form PTO-1380

(For use with Form PTO-1380)

Application Number

09/557,907

Filing Date

Applicant(s)

CLAIMS	AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments					
	Indep	Depend	Indep	Depend	5-8-26		5-22-26			
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep										
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If you need assistance in completing the form, call 1-800-PTO-9198 and select option 2.

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **09/557,907**  
FILING DATE

**5-806 5-2206**

**CLAIMS**

	AS FILED		AFTER IN AMENDMENT		AFTER IN AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	3	↓	3	↓		↓
TOTAL DEP.	34	←	34	←		←
TOTAL CLAIMS	37		37			

	AS FILED		AFTER IN AMENDMENT		AFTER IN AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

*1 cont.*